

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Insurance, Securities and Banking
Consumer and Professional Services
810 First Street, NE — Suite#701 — Washington DC 20002

Adrian M. Fenty
Mayor



Thomas E. Hampton
Commissioner

INSURANCE COMPLAINT FORM

Need help completing this? Call (202) 727- 8000

Return all copies to the above address or fax to: (202) 354-1085

Investigator

File#

Name of Insurance Company:

Policy#

Address of Broker or Agent:

(Group Health) Name of Group or Employer:

Group#

Type of Insurance (Check One):

Auto Fire or Homeowners Group Health Individual Health Annuity Life Credit Life/Credit Disability Other

Type of Claim (Check One):

(Health Insurance):

Date of Service:

Date Claim

Sent to Co.:

Name of
Doctor/Hospital:

(Auto/Homeowners/Property Insurance):

Date of Service:

Location of
Accident:

Type of Problem (Check as many as applies):

- | | |
|---------------------------------------|--------------------------------------|
| Claim Denial/Dispute/Delay | Cancellation or Renewal |
| Health Claim Delayed | Misquoted Premium |
| Coordination of Benefits | Payment not Credited |
| Misrepresentation by Agent or Company | Refund Due |
| Policy Not Received | Cash/Surrender or Value Not Received |

Briefly Describe Your Complaint

How would you like to see your complaint resolved?

Your Name:

Daytime Phone #

DOB:

Ward #

Street:

City:

State:

Zip:

Insured's Name (If Different):

Email:

Cellphone #: